

DR. ELVOVE AND STAFF NEWSLETTER



December, 1996

"Primum non nocere"

Meet Our Staff

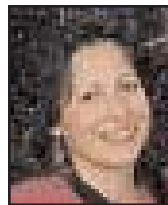


Seated Front Row: Jane W., Cathy, Janet, Donna, Jane D.

Standing: Sue, Dr. Elvove, Pam, Marlene.

Our staff members are raising thirty-one children, twenty of whom were born at home and all of whom have been breast-fed. When you visit or call our office you can be assured that you will receive seasoned advice from our experienced reception and nursing staff about childbirth and breastfeeding issues.

The nurses who attend home births with Dr. Elvove have many years of labor and delivery experience. Thus they have numerous techniques to help women cope with the discomforts of labor. Nancy Chung also works at Highland Park Hospital as a labor and delivery nurse and often cares for Dr. Elvove's hospital birth patients. She's well known for her high level of energy and encouragement. She helps laboring women ambulate and then relax in the shower, measures which aid in relaxation while helping to pass the time. Our nurses have proven that the proper treatment for pain during labor is to foster a positive mental attitude coupled with personal contact and encouragement, not anesthetics or drugs. *



Nancy Chung RN

Visit Our Website

The recent explosion of information available on computer networks has affected us all. For those connected to the internet via personal computers, the amount of information available is staggering. It is like having a library in your own home. Health care resources on the internet locate the latest information about disease, exercise, new medications, and alternative treatments. We can communicate with individuals interested in similar subjects from around the world and trade ideas. As with any new technology it has the potential for doing good or doing harm. As always it is our responsibility to decide how to properly use the new technology.

In the spirit of the modern age we have joined this revolution. By opening our own website we are able to explain our techniques of home birthing to interested people in this country and around the world. Please visit our home page on the world wide web at <http://www.elvovemd.com> *

Why Do Home Births?

People often ask me how I got started doing home births. The answer dates back to the year 1973 when I was a third year medical student at the University of Chicago. My wife was pregnant with our first child at that time and I was taking the course in obstetrics at Michael Reese Hospital. When I came home one day she asked me to describe what I observed at school in order to know what she was in for.

I explained that I had seen a birth today. The couple came to the hospital in early labor and the woman was taken to a small room. She was instructed to remove her clothing and to put on a hospital gown. Her husband was sent to admitting meanwhile to complete admission forms. The woman was shaved in the pubic region (a practice that was common at the time), and given an enema. After she expelled the enema the doctor examined her and found her to be two centimeters dilated, and he ruptured her bag of waters. An hour later since the contractions were not yet close together, an IV catheter was inserted in her arm and Pitocin stimulation was begun. Since the Pitocin brought on very powerful contractions, an epidural block was administered in the spinal area to reduce the pain. When it came time to push out the baby, she found the pushing effort difficult to direct due to the numbing effect of the epidural. Finally the doctor applied forceps to the baby's head, cut a large episiotomy, and pulled out the baby. The cord was clamped and cut immediately, the baby was spanked, dried, and suctioned, and then taken to the nursery for a period of observation and to receive a bottle of sugar water. Meanwhile the doctor removed the placenta by reaching into the uterus with his gloved hand and pulling it out. Then the episiotomy was repaired with thirty stitches.

My wife listened patiently to the story. When I was finished she commented, "Birth should be a natural, wonderful event, not a medical procedure. Since you're going to be a doctor, you should find some better way for me to have our baby."

Some friends of ours had had their first baby at home several months ago. I talked to them about their birth. They were still very enthusiastic about their experience and gave me the name of their doctor. The more we learned about home birth, the more interested we became. We went on to give birth to our baby at home. It was an overwhelmingly beautiful experience. I felt that home birth services should not only be



available for doctors, but should be available for any healthy woman who wanted to give birth in her own home.

The rest of the story is history. We went on to have two more babies at home. For the past twenty years I have helped thousands of families give birth naturally to their babies at home. I feel that these children, having the benefit of a drugless, positive birth experience, followed by long term breastfeeding and loving parenting, will be the leaders of the future. *

Progesterone

On November 16, 1996, Dr. Elvove attended an excellent seminar presented by John R. Lee, M.D., on the subject of natural progesterone. Progesterone is one of the two female sex hormones manufactured by the ovary during the latter half of the menstrual cycle. Progesterone helps prepare the uterine lining in order to nourish the fertilized ovum and it helps to support the pregnancy. The placenta takes over the function of producing progesterone during the ninth week of pregnancy and produces massive quantities of this hormone for the duration of the pregnancy.

In addition to supporting pregnancy, progesterone also balances the effects of the other major sex hormone, estrogen. If progesterone production is inadequate, then a woman may experience the effects of estrogen dominance. These effects may include the symptoms of PMS such as breast tenderness, decreased sex drive, depression, fatigue, water retention, headaches and acne. Or the common complaints of aging such as uterine fibroids, fibrocystic breasts, blood sugar disorders, thyroid dysfunction, and fat deposition around the abdomen, hips, and thighs. Low progesterone levels may also cause infertility and miscarriage. Obviously, adequate circulating levels of progesterone are essential to a woman's well-being. Unfortunately, due to environmental pollutants such as hydrocarbon emissions, herbicides, pesticides, PCB's, etc., the production of this marvelous hormone may be inadequate, especially as a woman ages. Combined with a diet high in estrogen-rich foods such as red meat and dairy products, many women suffer the above symptoms of chronic estrogen dominance.

Progesterone is not absorbed well from the gastrointestinal tract as a pill, but in a cream base it is very easily absorbed by the skin. Daily application of small amounts of the cream provide the normal physiologic dose of progesterone, 10 mg. per day during the latter phase of the menstrual cycle, from just before ovulation until just before menstruation. In a post menopausal woman a small daily dose of progesterone cream, between day one and day twenty-six of each calendar month, contributes to a feeling of well-being and prevents osteoporosis. During the first trimester of pregnancy progesterone is often given to prevent miscarriage. The natural progesterone hormone is very safe and well tolerated by the body, as demonstrated by the very high doses of 300-350 mg. per day secreted by the placenta during late pregnancy.

The synthetic progestins such as Provera, are manufactured by pharmaceutical companies in their laboratories to mimic certain properties of natural progesterone. These compounds should be entirely avoided due to their harmful side effects. These synthetic chemicals do not exist in nature and can cause birth defects, blood clots, headaches, acne, menstrual irregularity, and depression. These synthetic progestins are combined with estrogen in birth control pills and in post-menopausal hormone replacement therapy products, and contribute to the undesirable side effects that women complain about. The drug companies cannot patent

progesterone because it occurs naturally. Lacking a profit motive, they do not promote the benefits of natural progesterone to the public or to the medical establishment.

If you would like to learn more about natural progesterone, or obtain the books by Dr. John Lee on this subject, or obtain natural progesterone cream, please contact our office. *

Birth Statistics

After the baby is born and the mother is up in a chair breastfeeding, you may have noticed that Dr. Elvove is busy filling out paperwork. One of these forms is a computer data questionnaire regarding the statistical parameters of your birth. Here is a compilation of our statistics for the past year from November 1, 1995, to November 1, 1996:

- Average mother's weight gain:.....34 lb.
- Average baby weight7 lb. 14 oz.
- % Home births65%
- % Cesarean sections4.5%
- % Babies over 10 lb.5.3%
- % Boy babies.....52.3%
- % Girl babies.....47.7%
- % Episiotomies1.6%
- % Epidurals7.1%
- % Forceps or vacuum extractions.....3.1%
- % Successful VBAC (vaginal birth after Cesarean section).....67%
- Average mother's age33
- % of male babies circumcised36%
- % of mothers having ultrasounds.....52%
- Avg. labor length first baby14.6 hours
- Avg. labor length not first baby7.7 hours
- Underwater births attended.....3

There are several impressive statistics in this group. The most remarkable is the low Cesarean rate of 4.5% which compares extremely favorably to the local hospital rate of 18-28%. The episiotomy rate of 1.6% is much lower than the 90% average at many hospitals. The epidural rate of 7.1% is also very low when you consider that this group includes all the Cesarean section deliveries. Forceps and vacuum extraction delivery rates are also very low.

These statistics demonstrate that our natural approach to childbirth dramatically decreases the incidence of operative deliveries. Our approach results in lower medical costs and a more satisfying experience for the family. *

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